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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/782,131	
	Filing Date	February 19, 2004	
	First Named Inventor	Zubok et al.	
	Art Unit	Unknown	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	4	Attorney Docket Number	532/3X2 CIP

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
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<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual name	Matthew B. Dernier, Esq.	
Signature		
Date	May 4, 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Attorney Docket No.: 532/3x2 CIP

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Zubok et al.

Application No.: 10/782,131

Filed: February 19, 2004

Group Art Unit: Unknown

Examiner: Not Yet Assigned

For: INSTRUMENTATION AND METHODS FOR  
USE IN IMPLANTING A CERVICAL DISC  
REPLACEMENT DEVICE

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**PRELIMINARY AMENDMENT PURSUANT TO 37 C.F.R. § 1.115**

Sir:

Prior to examining the above-identified patent application, please amend the application as follows:

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Dated: May 4, 2004

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Print Name: Matthew B. Dernier

**IN THE DRAWINGS**

Pursuant to 37 C.F.R. § 1.121(d), Applicants respectfully request that the Examiner review and enter the attached drawing sheet containing FIGS. 4a-g. Please note that this drawing sheet does not replace any existing drawing sheet.